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For action

Country programme recommendation**

Equatorial Guinea

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1998 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Equatorial Guinea which has an annual planning level of $1,000,000 or less. The Executive Director *recommends* that the Executive Board approve the amount of $3,378,000 from general resources, subject to the availability of funds, and $2,950,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1999 to 2003.

* E/ICEF/1998/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1997. They will be contained in the "Summary of 1998 recommendations for general resources and supplementary funding programmes" (E/ICEF/1998/P/L.21).

Basic data
(1996 unless otherwise stated)

Child population (thousands, 0-18 years)	202
U5MR (per 1,000 live births)	173
IMR (per 1,000 live births)	111
Underweight (% moderate and severe)	...
Maternal mortality rate (per 100,000 live births)	820
Literacy (% male/female)	90/68
Primary school enrolment (% net, male/female)	.../...
Primary school children reaching grade 5 (%)	..
Access to safe water (%)	95
Routine EPI vaccines financed by Government (%)	..
GNP per capita	$530
One-year-olds fully immunized against:	
tuberculosis:	99 per cent
diphtheria/pertussis/tetanus:	64 per cent
measles:	61 per cent
poliomyelitis:	64 per cent
Pregnant women immunized against tetanus:	63 per cent

The situation of children and women

1. Situated in the Gulf of Guinea, Equatorial Guinea is a small Spanish-speaking country consisting of a mainland enclave (Rio Muni) plus one large (Bioko) and four small islands. The former colonial base was in Bioko, where only 22 per cent of the population live and where the capital, Malabo, is located. As result, there are significant social disparities between Bioko and Rio Muni. The distances between the different islands and the mainland, compounded by the country's weak infrastructure and logistical and communication constraints, pose formidable challenges to social development. The population of 410,000, almost half of whom are under 18, is growing at a rate of 4 per cent per year.

2. Following independence in 1968, the country was subjected to 11 years of violence and economic and social decline, which drained it of its scarce human resources. The subsequent Government has restored order and adopted economic and social development policies, but problems of governance, heavy external debt, economic stagnation and soaring inflation have contributed to increasing poverty. The gross national product per capita is $530 and there are large disparities in income distribution. More than two thirds of the population live below the poverty line and barely 10 per cent of the active population are employed, mostly in public administration, with the rest engaged in subsistence farming or petty trading. The recent discovery and exploitation of petroleum provide hope for a brighter future, but it is as yet unclear how much of the increased revenues will accrue

to the Government and contribute to poverty reduction as a result.

3. Survival indicators illustrate Equatorial Guinea's situation. From 1980 to 1996, the infant mortality rate decreased from 143 to 111 per 1,000 live births and the under-five mortality rate (U5MR) from 243 to 173 per 1,000 live births. Seventy-one per cent of children under the age of one are fully immunized. The leading causes of infant and child mortality are malaria, anaemia, diarrhoea and acute respiratory infections (ARI). The maternal mortality rate (MMR) is 820 per 100,000 live births according to UNICEF and the World Health Organization, and 350 according to government estimates, which indicate the need for better statistics. The major causes of maternal mortality are complications related to childbirth (toxaemia, haemorrhage, infections) and abortions, in a context where 60 per cent of deliveries take place at home. A major determinant of maternal deaths is the lack of access to quality essential obstetric care. Despite some progress in the establishment of a national revolving fund for essential drugs, district health care systems, especially in the mainland enclave, are inefficient because of ineffective decentralization, poor integration of curative, preventive and promotional activities and the low number of qualified health workers. Within one year (1994-1995), the number of registered AIDS cases tripled (from 59 to 157). The impact of the AIDS pandemic on children and women is not documented.

4. National statistics show that access to potable water increased from 20 per cent in 1993 to 33 per cent in 1996 (53 per cent in urban areas and 20 per cent in rural areas). Sanitation coverage is about 28 per cent (50 per cent urban and 13 per cent rural), and is lower in the mainland (17 per cent) than on Bioko Island (61 per cent). Contamination from waste is common and is a major cause of diarrhoeal disease. Systemic problems include the absence of a sectoral policy and strategy, inadequate human and material resources, lack of cost-recovery of operational expenses and water losses caused by antiquated water systems and insufficient investments.

5. One quarter of children aged 3-6 years attend pre-school. Primary school net enrolment rates are relatively high, at about 86 per cent for boys and 75 per cent for girls, according to the Government. However, the quality of education is poor, as reflected by the fact that nationally, only 20 per cent of children entering primary school complete grade 5, of whom 45 per cent are girls. The lower retention rate for girls is linked to heavy domestic chores, early marriage and pregnancy. Late entry, repetition and high drop-out rates result from shortages of teachers and educational materials, crowded classrooms, and in more general terms, the absence of clear operating principles regulating the organization and management of basic education. According to the Government, 30 per cent of adults are illiterate, more than two thirds of them women.

6. Equatorial Guinea ratified the Convention on the Elimination of All Forms of Discrimination Against Women in 1984 and the Convention on the Rights of the Child in 1992. The country has yet to submit its initial report to the Commission on the Rights of the Child. A National Commission on the Rights of the Child has been officially established, but has not yet met formally. National laws have not been adapted to the Convention on the Rights of the Child. Protection problems affecting children include economic and social exploitation, which require better documentation. Women's status is low, and in traditional society their role is generally limited to food production and child-bearing. They are also often victims of physical violence. Women's participation in the national development process is affected by socio-cultural and traditional practices that reduce their access to resources and power. Barely one third of civil servants are women, who occupy mostly subordinate positions.

Programme cooperation, 1994-1998

7. The period 1994-1998 was characterized by a number of political, economic and socio-cultural changes, including the organization of multi-party elections, the devaluation of the CFA franc, a deteriorating infrastructure and increasingly severe difficulties in providing adequate social services to the needy population. The preparation of Equatorial Guinea's first Medium-Term Development Strategy (1997-2001) and the 1997 National Economic Conference were encouraging events. The Medium-Term Development Strategy includes ambitious objectives in terms of poverty reduction and improved social services, with a projected allocation of 40 per cent of the state budget to social sectors.

8. The mid-term review held in June 1996 underlined a number of achievements as well as lessons learned. The country programme has made significant progress, especially in the areas of child health and pre-school education, despite limited government contribution, weak government internal control systems and the rapid turn-over of government staff. The percentage of fully immunized children rose from 65 per cent in 1994 to 71 per cent in 1996, resulting in the continuous decline of the target diseases. Oral rehydration therapy (ORT) units were established in the country's 18 hospitals and 50 health centres, resulting in a sharp increase in the ORT

utilization rate. UNICEF supported the establishment of a central-level revolving fund for the procurement and supply of essential drugs. Through the distribution on a cost-recovery basis of 124 essential drug kits, an 80 per cent cost-recovery rate was achieved. Regarding micronutrient deficiencies, legislation banning the importation, sale and use of non-iodized salt was passed.

9. The education programme supported the enrolment of about 10,000 3-6 year-old children in pre-school centres in 220 communities scattered throughout the country. Early stimulation was provided by 500 community promoters. While UNICEF provided financial support for the provision of educational materials, training and supervision, communities provided the workforce and building materials for the construction and rehabilitation of centres and latrines.

10. The "support for women" programme helped to provide 44 women's groups with credit facilities for food production and commercialization. However, only 16 per cent of the objectives were achieved due to poor access to markets, unpaid loans and credits and institutional constraints. It was agreed that this programme should not be continued in the new country programme.

11. Among lessons learned, it was noted that the programme should support the Government's policy on decentralization through the strengthening of provincial and district-level governance capacities, especially with regard to programme planning, implementation, monitoring and evaluation. Social mobilization activities should aim at increasing community and individual awareness of problems affecting children, with the view to introduce behavioural changes. The review stressed that even within the same area (i.e., health), the different projects were primarily vertical, sometimes resulting in the duplication of inputs and activities. The increased integration and convergence of projects and activities should aim at producing greater programme efficiency. The involvement of beneficiaries and non-governmental organizations (NGOs) and parish groups should be strengthened and expanded, based on success to date.

12. Overall, there is a need for better coordination between United Nations agencies and bilateral partners in order to avoid duplication of efforts and develop collaborative programming. The promotion of a Country Common Assessment and a United Nations Development Assistance Framework (even though Equatorial Guinea is not one of the pilot countries) will provide such an opportunity. Inter-agency collaboration to improve social statistics will provide opportunities to converge efforts, and provide a common basis for advocacy and social policy planning.

13. An analysis of unit costs associated with programme implementation has clearly identified logistics, the absence of competitive support services and the oil-related economic growth as factors associated with high unit and operating costs. Resource mobilization efforts were constrained by the generally cautious stand adopted by the donor community vis-à-vis Equatorial Guinea's democratization process.

Recommended programme cooperation, 1999-2003

Estimated annual expenditure
(In thousands of United States dollars)

	1999	*2000*	*2001*	*2002*	*2003*	*Total*
General resources						
Primary health care	217	214	214	214	214	1 073
Community development	257	243	259	253	281	1 293
Advocacy and social statistics	154	168	152	158	130	762
Cross-sectoral costs	50	50	50	50	50	250
Subtotal	**678**	**675**	**675**	**675**	**675**	**3 378**

Supplementary funding						
Primary health care	110	140	230	330	330	1 140
Community development	140	170	260	360	460	1 390
Advocacy and social statistics	50	80	90	100	100	420
Subtotal	**300**	**390**	**580**	**790**	**890**	**2 950**
Total	**978**	**1 065**	**1 255**	**1 465**	**1 565**	**6 328**

14. The proposed country programme has been prepared in close collaboration with the Government, United Nations agencies and other donors in an effort to maximize collaboration between all development partners. The programme is situated at the interface between the situation analysis of children and women in Equatorial Guinea, the UNICEF mission statement, policies and strategies and the Government's Medium-Term Development Strategy (1997-2001). The First National Forum on the Rights of the Child (1996) and the Children's Parliament held in 1997 gave children an opportunity to express their views and facilitated the mobilization of political will in favor of priority social sectors.

Programme objectives and strategies

15. The long-term goal of the country programme is to contribute to the realization of children and women's rights to survival, development, protection and participation. The objectives are to contribute to the following national social development objectives: (a) reduce IMR and U5MR to 85 and 140 per 1,000 live births respectively; (b) reduce MMR by 20 per cent; (c) increase the literacy rate of girls by 10 per cent; and (d) promote a legal and social environment conducive to better protection of children and women's rights.

16. The main strategic thrusts will be: (a) the strengthening of national and local capacities in programme planning, implementation, monitoring and evaluation; (b) empowerment of communities and civil society to contribute more effectively to decision-making processes for local development; (c) and targeted service delivery to reach the neediest children and women with the aim of reducing disparities and poverty. To enhance synergy, all activities in support of basic services will target seven out of the country's eighteen districts, six of which are in Rio Muni. Community-based approaches that guarantee sustained gains through the use of the "triple-A" (assessment, analysis, action) approach will be utilized with simplified analytical frameworks, as well as low-cost, appropriate technologies. Enhanced advocacy and social mobilization, buttressed by reliable social statistics, will promote social policies.

17. Supplementary funds will be used primarily to complement general resources in extending the coverage of basic services in the areas of primary health care, basic education and water and environmental sanitation.

18. The **primary health care** programme will aim at reducing infant and child mortality rates due to vaccine-preventable diseases, malaria, ARI, diarrhoeal diseases and malnutrition nationwide, as well as reducing maternal mortality in selected districts. Geographic and programmatic synergy between this programme, the community development programme and the social statistics and advocacy programme will allow specific health activities to be combined with other community-based basic services and activities to promote behavioural change, especially involving women.

19. The programme will consist of two projects. The Child health project will be implemented nationally to consolidate the gains achieved to date and attain a number of the country's goals for the year 2000. The project's objectives are to achieve 90 per cent immunization coverage for children under one year of age, and for children under five years of age, 80 per cent ORT utilization and a 70 per cent reduction in the prevalence of vitamin A, iron and iodine deficiencies. Through social marketing activities, the project will aim to ensure nationwide availability and utilization of low-cost, impregnated bednets against malaria.

20. The Health district strengthening project will cover 7 of 18 districts. Its main objectives are to provide access to quality, essential care services to 90 per cent of children and women in the selected districts, and to provide timely access to essential obstetric care to 90 per cent of pregnant women in same districts. It will also aim to establish an efficient health information system in the intervention areas, applying the principles of the Bamako Initiative strategy. Implementation of the con-

cept of integrated management of childhood illnesses at the health centre level will ensure that UNICEF-supported health districts will play a lead role in promoting the nationwide extension of this approach. UNICEF support to the national essential drug procurement system will be continued, in collaboration with the United Nations Population Fund, the World Health Organization, the European Union and other interested development agencies.

21. The **community development** programme will address pre-school and primary education, potable water and basic sanitation issues. Its main thrust is to contribute to reducing the disparity between the numbers of boys and girls who complete grade five, and to reduce the incidence of diarrhoea among children under five years of age through increased access to and utilization of potable water and sanitary means of excreta disposal. This programme will be comprised of two projects. The Basic education project will be implemented in the same districts as the health district strengthening project and will aim to increase from 50 to 70 per cent the number of children who complete grade 2, and from 9 to 18 per cent the number of girls who complete grade 5. UNICEF will support the development and implementation of innovative approaches, including the development of clear operating principles for the management of basic education at community and district levels. These frameworks will be sufficiently flexible to reflect local cultural, demographic and socio-economic disparities. The use of the "triple A" approach will allow community-based diagnosis of key problems affecting girl's education in particular and the building of consensus on possible solutions. UNICEF will continue to support pre-school education services, in collaboration with communities and NGOs.

22. The target implementation areas selected for the Water and environmental sanitation project are the same as for the basic education project. The project's objectives are to increase access to potable water from 20 to 50 per cent and access to safe sanitation from 13 to 40 per cent in the project areas. It will also aim to increase by 30 per cent the number of women who apply hygienic practices to water use and the disposal of waste and excreta. The project will support the creation and maintenance of water points and facilities for excreta disposal. Training, transfer of technology and hygiene education will be key activities, together with the strengthened use of existing networks of parent-teacher associations, local development committees and water point management committees, promoting the role of women. Communities and local NGOs will participate by contributing to the construction of latrines. An innovative feature will be the control of water quality through tests and corrective measures. The project will also strengthen the Government's information management system in this sector.

23. Through the **advocacy and social statistics** programme, UNICEF will promote the equality of opportunities and rights of children and women and will contribute to ensuring the availability, use and dissemination of reliable gender- and age- disaggregated social statistics on children and women. It will also promote behavioural change in favour of the application of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women in intervention areas. The programme will be composed of two complementary projects. The Social statistics project is to strengthen the Government's capacity to identify, collect, analyze and disseminate social statistics on children and women. The information generated will be used to sensitize ministerial and provincial-level decision makers, development partners and such key actors as the National Committee on the Rights of the Child on major social and economic disparities affecting children and women, both aggregated at national level and disaggregated by gender, age and province. This project will also support the periodic updating of the situation analysis and the production of an statistical compilation. Another important outcome of this project will be to provide accurate information for the finalization and submission of the initial report to the Committee on the Rights of the Child. These statistics will also contribute to the development and periodic update of the Common Country Assessment and UNDAF by the United Nations system agencies.

24. The Advocacy project will advocate with the executive, judicial and legislative branches of government for the adaptation of national laws to the two Conventions. It will also seek to ensure that the country's ratification of the Convention on the Rights of the Child is matched with a commensurate commitment to adopt adequate social policies and allocate at least 20 per cent of the state's budget to social programmes. In complementarity with the social statistics project, the advocacy project will aim at ensuring that the initial report is submitted to the Committee on the Rights of the Child and that the latter's recommendations are acted upon.

25. Communication strategies will be developed to support behavioural change activities promoting the application of the two Conventions in the same seven districts where the community development and primary health care programmes will be implemented.

Programme management, monitoring and evaluation

26. An integrated monitoring and evaluation plan will provide indicators and data collection methods required for monitoring and evaluating the 1999-2003 country programme. The indicators and data collected will provide the information needed for annual programme and management reviews, the mid-term review and the end-of-cycle evaluation. With regard to the latter, the plan also includes major evaluations to be accomplished in order to measure the impact and results of specific projects.

27. A country programme management plan has been developed to ensure coherence between the programme and the office structures. Factors such as the geographical division of the country and insufficient transportation and support services, result in higher than average operating costs. In addition to its main office in the capital city, Malabo, UNICEF will operate a sub-office in Bata on the mainland. This will allow the strengthening of accountabilities and internal control systems in the part of the country where most of the basic services programme will be implemented. This will also facilitate sustained programme implementation in case of emergencies.

28. A fund-raising strategy has been developed which relies heavily on the possibility of attracting resources from the growing private sector, oil companies and other businesses. Specific funding proposals will be developed to support UNICEF-assisted basic services. In the area of child protection, funding proposals will be submitted for consideration by bilateral donors. Opportunities for local private sector fund-raising are likely to arise in connection with the oil industry's rapid growth. A potentially successful resource mobilization strategy will be to use a modular approach and clearly identified unit costs for the development of high visibility project proposals in the areas of primary health care, girl's education and water and sanitation.

Inter-agency cooperation

29. Within the framework of the resident coordinator system, UNICEF will continue to support the elaboration of UNDAF. Collaborative programming with the other funds and programmes, the specialized agencies and Bretton Woods institutions will be sought in order to maximize impact on vulnerable groups, particularly children and women. Other important partners include bilateral cooperation agencies (specifically of Cuba, France, Nigeria, Spain and the European Union) and NGOs (Caritas, Médeçins Sans Frontière).

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : EQUATORIAL GUINEA
PROGRAMME : 1999-2003

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
PRIMARY HEALTH CARE	1,073,000			1,073,000	0	0	0	0	0	0	0	0	1	1	0	31,654	31,654
COMMUNITY DEVELOPMENT	1,293,000			1,293,000	0	0	0	0	1	0	1	0	1	2	776,486	31,654	808,140
ADVOCACY AND SOCIAL STATISTICS	762,000			762,000	0	0	0	0	0	0	0	1	0	1	0	107,570	107,570
CROSS SECTORAL COSTS	250,000			250,000	0	0	0	0	0	0	0	0	3	3	0	222,123	222,123
TOTAL GR	3,378,000			3,378,000	0	0	0	0	1	0	1	1	5	7	776,486	393,001	1,169,487
SUPPLEMENTARY FUNDING :																	
PRIMARY HEALTH CARE		0	1,140,000	1,140,000	0	0	0	0	0	0	0	0	0	0	0	0	0
COMMUNITY DEVELOPMENT		0	1,390,000	1,390,000	0	0	0	0	0	0	0	0	1	1	0	57,513	57,513
ADVOCACY AND SOCIAL STATISTICS		0	420,000	420,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS SECTORAL COSTS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	2,950,000	2,950,000	0	0	0	0	0	0	0	0	1	1	0	57,513	57,513
TOTAL GR & SF	3,378,000	0	2,950,000	6,328,000	0	0	0	0	1	0	1	1	6	8	776,486	450,514	1,227,000
SUPPORT BUDGET			Operating costs	1,138,452													
			Staffing		0	0	0	1	1	0	2	1	3	6	1,999,748	370,159	2,369,907
GRAND TOTAL (GR + SF + SB)					0	0	0	1	2	0	3	2	9	14	2,776,234	820,673	3,596,907
	Number of posts and staff costs:																
	Current programme cycle										4	4	14	22			
	At the end of proposed programme cycle (indicative only)										3	2	9	14	2,776,234	820,673	3,596,907

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = International Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.